

## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

### ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Carol Day at 10:30 am, Jul 11, 2014

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.				
ALCO SENSOR IV SN 097460	PRINTER SN 096.3580.957	DATE OF INSPECTION 07/01/2014		
LOCATION OF INSTRUMENT (STREET AND CITY) Toad Cove Zone Office, Bittersweet Rd., L		TIME OF INSPECTION 11:20 am		
CHECKLIST: Place a mark in the box by each it	tem if found to be satisfactory or if operati	ng within established limits. (Write in observed val-		
ues where determined.) Unmarked items must be corrected before using instrument.				
DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)				
☑ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)				
PRINTER WORKING PROPERLY				
☑ TIME AND DATE DISPLAYING PROPERLY				
BREATH ALCOHOL ACCURACY STANDARDS	S			
SIMULATOR SOLUTION	COMPRESSE	D ETHANOL-GAS MIXTURE		
STANDARD SUPPLIER Guth	LOT # 13290	EXP. DATE 03/17/2015		
SIMULATOR TEMPERATURE (34°C ± 0.2°	C) 34.0 SIMULATOR SN DR	5373 SIMULATOR EXP DATE 10/01/2014		
o.100% STANDARD - MUST READ BE 0.080% STANDARD - MUST READ BE	Il three tests must be within ±5% of the s	standard value and must have a spread of .005 or ATTACHED)  E  E		
TEST 1 ☞ .102	ST 2 ☞ .104	TEST 3   .102		
RFI DETECTOR OPERATING				
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)				
REFUSALS 1 (004) 0 (.	.0509) 0 (.1014) 0	(.1519) 0 (OVER .19) 0		
List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).				
Instrument is operating within DOHSS standards				
_				
INSPECTING OFFICER				
SIGNATURE		PRINT NAME		
TYPE II PERMIT NUMBER/EXPIRATION DATE		Shannon Bledsoe TELEPHONE NUMBER		
240195 04/30/2016		(573) 751-1000		
Return completed report to the: Breath Alcoh	nol Program, MO Department of Health an	nd Senior Services, Southeast District Office		

Poplar Bluff, MO 63901



#### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13290 of
Alcohol Reference Solution for Simulator were analyzed by
gas chromatography on October 31, 2013, using a Perkin Elmer Gas
Chromatograph Autosystem XL S/N: 610N9030209, and found to contain
0.1202% (w/vol) ethyl alcohol. The expiration date for this lot
number is October 29, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

AS IV Serial no: 097460	
Version no: 004C	
TEST RECORD 00234	AS IV Serial no: 097460 Version no: 004C
Tems Date Time 210L	TEST RECORD 00232
Air Blank: 07/01/14 11:24 .000	Temp Date Time 210I
Calibration Check: 22 07/01/14 11:24 .102	Air Blank: 07/01/14 11:18 .000
Subject Name	Calibration Check: 21 07/01/14 11:18 .102
MONTHLY MAINT	Subject Name
Subject I.D.	MONTHLY MAINT
2 1 V T/D	Subject I.D.
Operator Name, V.D.	S.D. Blocken 66.1
Location	Operator Name, I.D.
	Location
	Bocación
AS IV Serial no: 097460	
Version no: 004C	AC TH Carried CODIAGO
TEST RECORD 00235	AS IV Serial no: 097460 Version no: 004C
Temp Date Time 210L	TEST RECORD 00233
Void: RFI 12 07/01/14 11:25	Temp Date Time 210L
Subject Name	Air Blank: 07/01/14 11:20 .000
DEL TOST	Calibration Check:
Subject I.D.	21 07/01/14 11:20 .104
67 Kloky 661	Subject Name
Operator Name, I.D.	MONTHLY MAINT
	Subject i.D.
Location	G.D. Wife a
	Operator Name, I.D.
The state of the s	Location
	Location
	Location



#### STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



# PERMIT TYPE II

### SHANNON D BLEDSOE

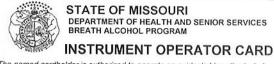
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

## ALCO-SENSOR IV WITH PRINTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE4/30/2014	when
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240195	Darl Vasterly
EXPIRES 4/30/2016	<u> </u>
MO 580-0771 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  LAB-4 (R6-10)

LAB-4 (R6-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.



Operator

BLEDSOE, SHANNON

Permit No 240195

Date Issued 4/30/2014

Date Expires 4/30/2016